# Study of Hyperbaric Oxygen Therapy in Diabetic Patients with Foot Ulcers

#### **Thesis**

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## **Table of Contents**

List of Abbreviations	I
List of Tables	III
List of Figures	<b>V</b>
Introduction	1
Aim of the Work	3
Review of Literature	
- Chapter (1): Diabetes Mellitus	4
- Chapter (2): Diabetic Foot Ulcer	32
- Chapter (3): Hyperbaric Oxygen Therapy	72
Subjects and Methods	97
Results	102
Illustrative Cases	121
Discussion	151
Summary	163
Conclusion and Recommendations	167
References	169
Arabic Summary	

## List of Abbreviations

Abb.	Meaning	
ACCORD	Action to Control Cardiovascular Risk in	
	Diabetes	
ACE	Angiotensin-converting enzyme	
ADA	American diabetes association	
AGEs	Advanced glycosylated end products	
ARBs	Antiotensin receptor blockers	
ATA	Atmospheres absolute	
BG	Blood glucose	
BMI	Body mass index	
CN	Charcot neuroarthropathy	
CVD	Cardiovascular disease	
DCCT	The diabetes control and Complications	
	trial	
DKA	Diabetic ketoacidosis	
DM	Diabetes mellitus	
DNA	Deoxyribonucleic acid	
DR	Diabetic retinopathy	
DSPN	Distal symmetric polyneuropathy	
ELISA	Enzyme linked immunosorbent assay	
ESRD	End stage renal disease	
FDA	Food and drug administration	
FPG	Fasting plasma glucose	
FPG	Fasting plasma glucose	
GDM	Gestational diabetes mellitus	
GFR	Glomerular filtration rate	
GTT	Glucose tolerance test	
HbA1c	Glycated hemoglobin	
HBOT	Hyperbaric oxygen therapy	
IDDM	Insulin-dependent diabetes mellitus	
IFG	Impaired fasting glucose	
IGT	Impaired glucose tolerance	
ITT	Insulin tolerance test	
IV	Intravenous	
Кра	Kilopascal	

Abb.	Meaning
LOPS	Loss of protective sensation
MODY	Maturity onset diabetes of the young
NPWT	Negative pressure wound therapy
OGTT	Oral glucose tolerance test
OGTT	Oral glucose tolerance test
PAD	Peripheral arterial disease
PN	Polyneuropathy
PO2	Partial pressure of oxygen
RCW	Removable Cast Walkers
<b>SMBG</b>	Self monitoring blood glucose
SOD	Superoxide dismutase
TCC	Total Contact Cast
UHMS	Undersea and Hyperbaric Oxygen Society
UKPDS	Prospective Diabetes Study
VEGF	Vascular endothelial growth factor
VEGF	Vascular endothelial growth factor
VPT	Vibmration perception threshold
WHO	World health organization

## List of Tables

Table	Title		
1	Etiological classification of diabetes mellitus and glucose metabolism disorders	6	
2	Diabetes mellitus and glucose metabolism disorders due to other specific mechanisms and diseases		
3	Procedures for diagnosing diabetes mellitus	10	
4	Disorders and conditions associated with low HbA1c values		
5	Wagner's grade of foot lesion	36	
6	University of Texas Diabetic Wound Classification System	38	
7	The currently accepted indications for the use of HBOT	75	
8	List the contraindications of HBOT	77	
9	Description of personal, medical data, BMI, compliance to treatment, previous HB1Ac and 7 point table and lab data among treatment group	105	
10	Description of ulcerated area at baseline, at 2 and 4 weeks after treatment among treatment group	107	
11	Description of personal, medical data, BMI, compliance to treatment, previous HB1Ac 7 point table, and lab data among control group	108	
12	Description of ulcerated area at baseline, at 2 and 4 weeks after treatment among control group	109	
13	Comparison between Hyperbaric (treatment) group and control group as regard WBCs	109	
14	Comparison between Hyperbaric (treatment) group and control group as regard of personal medical and lab data	110	

Table	Title	Page			
	Comparison between treatment and control	113			
15	group as regard Ulcer area at baseline and after 2				
	and 4 weeks				
16	Regression analysis to study effect of	114			
10	independent factor on ulcer area at 4 weeks				
17	Comparison between ulcer areas at different	114			
17	Duration among treatment group				
18	Comparison between ulcer areas at different	115			
10	Duration among control group				
	Correlations between personal, lab data and	116			
19	ulcers' area at baseline, after 2 and 4 weeks				
	among treatment group				
	Correlations between personal, lab data and	119			
20	ulcers' area at baseline, after 2 and 4 weeks				
	among control group				

## List of Figures

Figure	Title		
1	Examples of foot deformities	55	
2	Upper panel: For performance of the 10-g monofilament test, the device is placed perpendicular to the skin, with pressure applied until the monofilament buckles		
3	Lower-extremity circulation and the ABI test	62	
4	Self examination	63	
5	Take care of Dry skin	63	
6	Swelling, ulcer or crack foot	63	
7	Cut the nails straight	64	
8,9,10, 11,12	Multiplace chamber of hyperbaric oxygen therapy	84	
13,14	Monoplace chamber of hyperbaric oxygen therapy		
15	Mechanism of action of HBO in Brain Conditions	88	
16	classification of ulcer grading of case group	106	
17	Comparison between two groups according to duration of diabetes and duration of diabetic foot	111	
18	Comparison between two groups according to compliance of DM treatment	111	
19	Comparison between two groups according to mean FBS, mean pre-prandial and mean post-prandial	112	
20	Comparison of control group on ulcer area at baseline, after 2 weeks and after 4 weeks	115	
21	Correlation between area at baseline and duration of diabetes	117	

Figure	Title				Page	
22	Correlation between	area af	ter 2	weeks	and	110
	duration of diabetes					118
23	Correlation between	area af	ter 4	weeks	and	118
	duration of diabetes					118



# Introduction



#### **INTRODUCTION**

Diabetes is a metabolic disorder of multiple causes characterized by chronic hyperglycemia and disorders carbohydrate, fat, and protein metabolism (Ambler, 2006). The chronic hyperglycemic state is associated with long term damage, dysfunction, and failure of various organs especially the eyes, kidneys, nerves, heart and blood vessels (ADA, 2007). Diabetic foot ulcer is a major complication of diabetes mellitus, and probably the major component of the diabetic foot (ADA, 2009). It occurs in 15% of all patients with diabetes and precedes 84% of all lower leg amputations. Major increase in mortality among diabetic patients, observed over the past 20 years is considered to be due to the development of macro and micro vascular complications, including failure of the wound healing (Brem, 2007). The development of lower extremity ulcer is a well known potential complication for patients with diabetes (ADA, 2009). There are three main factors involved in the pathology of the diabetic foot; neuropathy, ischemia and infection. The relative role played by each element can vary (Inlow, 2000). In spite of adequate pulses and large vessel perfusion, some diabetic patients still develop wounds that appear to be hypoxic/ischemic and fail to heal. There are also

functional abnormalities of the microcirculatory system in diabetic patients that may impair local blood flow and oxygen delivery, thus delaying wound healing (Ong, 2008). Hypoxia can cause amputation. Hyperbaric oxygen increase the amount of oxygen dissolved in plasma, allowing tissues to achieve better levels of oxygenation (ADA,2001).

Hyperbaric oxygen therapy (HBOT) involves the inhalation of 100 percent oxygen at pressures 2 or 3 times greater than atmospheric pressure at sea level (UHMS, 2002). One of the most common indications for HBOT is to aid healing of diabetic foot wounds (Ong, 2008). Hyperbaric oxygen therapy has been suggested to improve oxygen supply to wounds and therefore improve their healing (Kranke, 2012). Hyperbaric oxygen therapy is conjunction with aggressive multidisciplinary therapeutic protocol is effective in decreasing major amputation in diabetic patients with foot ulcer (Milano, 2000).



# Aim of the Work

